

CITY OF ST. CHARLES
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: FINANCE

PHONE: (630) 443-3961

FAX: (630) 377-4487

FOOD AND BEVERAGE TAX RETURN

For Month Ending _____

Name of Business _____

Taxes must be paid prior to the last day of the calendar month subsequent to the month of collection

Computation of Tax:

1. Food and Beverage Tax Base 1. _____
2. Amount of Tax 2. _____
Multiply Line 1 by 1/2% (.005)
3. DEDUCT Commission if Paid on Time 3. _____
Multiply line 2 by 1% (.01)
4. Amount of Tax Payable 4. _____
(Line 2 Less Line 3)
5. Penalty for Late Filing/Payment 5. _____
Multiply Line 2 by 7.5% (.075)
6. Interest for Late Filing Per Month 6. _____
Multiply Line 2 by 1.25% (.0125) x months
7. Tax, Penalties, Interest from Previous Months 7. _____
8. Amount Payable to City 8. _____
(Add Lines 4 + 5 + 6 + 7)

All Figures Are Subject To Audit

I hereby affirm that the statements herein contained are taken from the books and records of the above listed establishment and are correct to the best of my knowledge.

Dated this _____ day of _____ (Year)
(Day) (Month)

Signature _____

Name (Please Print) _____

Title _____